

## EMPLOYEE INFORMATION FORM

(To be completed by the employee who is requesting ADA accommodations<sup>1</sup>)

Please provide in detail all of the below-requested information. If you need additional space, please use the reverse side of each page and/or attach additional pages.

1. If you know, what are the current diagnoses of your relevant mental or physical health conditions? (Please only disclose conditions for which you may need an accommodation)

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2. Please identify, by name, address, and telephone number, the health care provider(s) who have rendered the diagnoses identified above.

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3. Please *detail* how and to what extent (nature, frequency, severity and duration) each of your current health conditions are limiting one or more of your major life activities.<sup>2</sup>

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<sup>1</sup> The Statutory Definition of disability is a person with a physical or mental impairment that substantially limits one or more of the major life activities of such individual. 42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g).

<sup>2</sup> According to the Americans with Disabilities Amendment Act, **major life activities may include, but are not limited to**, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and major bodily functions. Major bodily functions include but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. Public Law 110-325—Sept. 25, 2008. This is not an exhaustive list of all major life activities. Rather, it is representative of the types of activities that are major life activities. Similar activities in terms of their impact on an individual's functioning, as compared to the average person, may also be major life activities.

(Quantify where possible. ie how far, how long, how much)

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4. Are your impairments and/or limitations permanent, or will there be changes over time? Please describe any anticipated changes. \_\_\_\_\_

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5. If your condition is episodic or in remission, please identify and detail the nature, frequency, severity and duration of anticipated future episodes. \_\_\_\_\_

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6. Please *detail* how and to what extent your current health conditions are affecting your ability to perform the essential functions<sup>3</sup> of your position:

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<sup>3</sup> The U.S. Equal Employment Opportunity Commission has indicated that an **employer never has to remove an essential function of the job** as an accommodation. Additionally, **an employee with a disability must meet the same performance and production standards, whether quantitative or qualitative**, as a non-disabled employee in the same job. Lowering or changing a production standard because an employee cannot meet it due to a disability is not considered a reasonable accommodation. Similarly, **an employee who is chronically, frequently, and unpredictably absent may not be able to perform one or more essential functions of the job**, or the employer may be able to demonstrate that any accommodation would impose an undue hardship, thus rendering the employee unqualified. **Employers generally do not have to accommodate repeated instances of tardiness or absenteeism** that occur with some frequency, over an extended period of time and often without advance notice. *The Americans with Disabilities Act: Applying Performance and Conduct Standards To Employees With Disabilities.*

(List or attach all legitimate essential functions)

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7. Please identify any and all essential functions, which you have not been performing. Indicate when you stopped performing each function, and detail why you ceased performing each function.

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8. Please identify and describe any and all essential functions for which you are requesting an accommodation and detail the type of accommodation that you believe will enable you to perform those functions.

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9. Please identify and describe any special equipment, methods, skills, or procedures that may enhance your abilities to perform one or more of the essential functions of your job.

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10. Please *detail* how and to what extent your current health conditions are affecting your ability to perform the following marginal functions of your position:

[List all legitimate marginal functions]

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11. Please identify any and all marginal functions, which you have not been performing. Indicate when you stopped performing each function, and detail why you ceased performing each function.

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12. Please identify and describe any and all marginal functions for which you are requesting an accommodation and detail the type of accommodation that you believe will enable you to perform those functions.

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13. If you experience detrimental effects from any mitigating measures (assistive devices, medication, eyeglasses, prosthetic devices) relevant to your current health conditions, please describe in detail how and to what extent those measures are affecting your ability to perform one or more major life activities and/or work activities.

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Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_